

**Certificate of Insurance****Certificate Mailed To:****Name of Insured:**

ARIZONA DEPARTMENT OF PUBLIC SAFETY  
2 RP PO BOX 6638 MD1330  
PHOENIX AZ 85005

MILUM TEXTILE SERVICES  
333 N 7th Ave  
Phoenix AZ 85007

Date Issued: 03/01/2006  
Certificate Number: 4  
Policy Number: 312611  
Origin Date: 01/01/2001  
Expiration Date: 01/01/2007  
Liability Limits: 500/500/500  
(000 Omitted)

**Proof of Coverage**

Medical Waste Removal

**Job Number:**

Location: Various AZ Locations

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed hereon. This is to certify a workers' compensation policy has been issued to the insured listed hereon and is in force for the period referenced.

**Certificate Issued To:**

Arizona Department of Public Safety  
2 RP PO BOX 6638 MD1330  
Phoenix AZ 85005

Authorized Representative